

## DEPARTMENT OF LABOR UNEMPLOYMENT COMPENSATION DIVISION

## WAGE TRANSCRIPT FOR PARTIAL SUCCESSORS

A. Quarter Ending Date B. Number pages to this report				
Employer Name and Number Predecessor		I certify	certify that, to the best of my knowledge and belief, the information contained in this report is true and correct	
Successor		Signed:		
		Title:		
(1) Worker Social Security Account Number	(2) Name of Worker		(3) Taxable Wages in This calendar quarter	(4) Total Wages For Quarter
TOTAL FOR THIS PAGE(Use Additional Sheets if Needed)				
TOTAL OF ALL PAGES THIS QUARTER				